



Clark County Department Of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

Grading Permit Application

ASSESSOR PARCEL#: _____

BUILDING ADDRESS: _____

PARCEL MAP NUMBER: _____

PROJECT/SUBDIVISION NAME:: _____ SET UP BY: _____

OWNER NAME: _____

CIVIL ENGINEER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ FAX: _____

APPLICATION NO.:

DIRT QUANTITIES

CUT: _____

FILL: _____

TOTAL: _____

LAND USE APPROVALS

ESTIMATED ACREAGE: _____

SUBMITTAL REQUIREMENTS

- ☐ Notice of Final Action for Land Use Approval (2)
- ☐ Wet Stamped Grading Plans (3): Commercial ☐
(4): Residential ☐
- ☐ Geotechnical (Soils) Report (3)
- ☐ ESGI Electronic Submittal Geotechnical Information or Protocol Compliance Letter (1)
- ☐ Drainage Study Approval Letter & Plans *
- ☐ Tortoise Mitigation Form
- ☐ Storm Water Compliance Items (BMP section 3.5.1) *

* If Applicable

QAA REQ'D: _____

CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST. LIC. NO.: _____ CLASS: _____

BUSINESS LIC. NO.: _____

CONTRACTOR NAME: _____

PHONE#: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR SIGNATURE: _____ DATE: _____

I certify that I have read this Application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

APPLICANT SIGNATURE

DATE:

Civil Engineering Review By: _____ Date: _____

Zoning Review By: _____ Date: _____

Bldg Plan Review By: _____ Date: _____

REQUIRED ITEMS AT TIME OF PERMIT ISSUANCE

- ☐ Dust Permit
- ☐ QAA Signed Contract
- ☐ _____
- ☐ _____

GRADING PERMIT FEES

Permit Fee: \$ _____

Plan Review Fees: \$ _____

Bldg Plan Review Fee/
Balance Due or Credit: \$ _____

Zoning Plan Review Fee: \$ _____

Mitigation Report Fee: \$ _____

MSHCP Fee: \$ _____

Storm Water Compliance
Inspection Fee: \$ _____

TOTAL FEE: \$ _____

☐ Cash ☐ Check No: _____